

Abstracts

A215

asked to choose between hypothetical treatment pairs in a series of choice questions. Each choice alternative was defined by lesion severity (redness, thickness, and texture), percentage of body surface area (BSA) covered by the lesions, type of treatment (oral agent, subcutaneous injection, or phototherapy), injection discomfort or pain (if type of treatment included injections), risk of serious lung infection, and monthly out-of-pocket cost. Preference weights were estimated using mixed logit methods. Conjoint preference weights were used to calculate willingness-to-pay (WTP) for reductions in lesion severity and BSA. **RESULTS:** A total of 28,200 panel members were invited to participate in the survey. A total of 18,330 individuals responded to the invitation and 503 qualified to participate. A total of 419 PsO patients completed the survey; mean age was 54.5 years and 52% were female; 64% of patients self-reported their PsO severity as mild or mild-to-moderate; 12%, 12%, 7% and 3% of patients self-reported their PsO severity as moderate, moderate-to-severe, severe, and very severe, respectively. Patients were willing to pay up to \$486.73 per month to eliminate severe lesions covering 25% BSA on the arms and legs. Patients were willing to pay \$429.78 each month to eliminate severe lesions of 25% BSA on the torso. Patients were willing to pay \$444.80 per month to eliminate moderate lesions covering 4% BSA on the face. **CONCLUSIONS:** Individuals with PsO are willing to pay more than \$400 out-of-pocket per month to reduce lesion severity and percentage of BSA covered by the lesions.

PSY49

IMPACT OF DISEASE ON CAREER CHOICES, ABSENTEEISM, AND WORK LOSS AMONG INDIVIDUALS WITH PSORIASIS IN THE UNITED STATES

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OBJECTIVES: To determine impact of disease on career choices, absenteeism, and work loss among individuals with psoriasis (PsO). **METHODS:** A nationally representative survey was conducted in Q2 2009 of PsO sufferers. Participants were ≥ 18 years of age and reported their disease status as mild, moderate, and severe. Career choices and work productivity were assessed. Productivity was measured using the Work Productivity and Activity Impairment (WPAI) scale, which includes absenteeism, presenteeism, work productivity loss, and activity impairment. **RESULTS:** A total of 1003 patients responded to the survey (mean age was 50 years, 88% were white, and 58% were female). A higher percentage of patients with severe disease (22%) were disabled as compared with the moderate (15%) and mild (12%) groups. A significantly higher proportion of individuals with severe disease (37%) and moderate (14%) reported that PsO has affected their career choice compared to those with mild disease (4%). Similarly, a significantly higher percentage of individuals with severe (31%) and moderate (10%) disease reported that PsO affects their current career choice as compared to mild disease (3%). Among the employed, on average, PsO sufferers reported a 4% absenteeism rate, 14% presenteeism rate, and 14% productivity loss. Activity impairment, regardless of employment status, was significantly higher for the severe patients (54%; $p < 0.05$) as compared with moderate (24%) or mild (7%) sufferers. The severe disease group also reported significantly higher rates of absenteeism (21%), presenteeism (47%), and work productivity loss (47%) than their moderate or mild counterparts. **CONCLUSIONS:** PsO is a debilitating disease which impacts multiple aspects of an individual's lifestyle including career choices and physical functioning. Among the actively employed, moderate-to-severe PsO has a greater impact on their previous and current career choices as compared with patients with mild psoriasis. In addition, patients with severe PsO are associated with greater work loss and activity impairment.

SYSTEMIC DISORDERS/CONDITIONS – Health Care Use & Policy Studies

PSY50

DISPARITY IN THE MANAGEMENT OF OBESITY IN AMBULATORY SETTING: A NAMCS 2006–07 ANALYSIS

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OBJECTIVES: Disparities in anti-obesity medication use were clearly demonstrated by Cawley et al. However, the most effective interventions for obesity management combine nutrition education, diet and exercise counseling, with pharmacotherapy. Thus, the objective of this study was to identify factors associated with obesity management and identify disparities in obesity management amongst adults diagnosed with obesity. **METHODS:** The study was performed using 2006 and 2007 National Ambulatory Medical Care Survey, a cross-sectional visit level database. Patient visits (≥ 18 years) with an obesity diagnosis (ICD-9-CM: 278.00) were included in the study. Prescription of FDA approved anti-obesity medications and/or weight reduction, exercise and diet/nutrition counseling were considered as obesity management. Descriptive statistics and multivariate logistic regression were conducted to identify disparity while adjusting for age, race, sex, region, insurance status, co-morbidity and MSA. **RESULTS:** Total 113 million visits for obesity were estimated for 2006–2007. Obesity management was provided in 47.84% visits, of which medication was prescribed in 12% of visits. Adjusted analysis showed PCP's were more likely to provide obesity management (OR=1.703 CI: 1.325–2.188) than specialists. Patients from non-MSA region (OR=0.614 CI: 0.455–0.829), and older patients (OR=0.986 CI: 0.978–0.994) were less likely to receive obesity management. Patient visits that were

covered through private insurance (OR=0.317 CI: 0.166–0.606) or public insurance (OR=0.297 CI: 0.160–0.552), had a lesser likelihood to receive obesity management. Patient visits with high co-morbid conditions were more likely to receive obesity management (OR=1.641 CI: 1.085–2.481). **CONCLUSIONS:** Specialty differences in obesity management were identified, one in two patients diagnosed as obese did not receive obesity management. This suggests that, though it is a known risk factor for many other chronic illnesses, physicians still fail to prioritize obesity and provide effective management.

PSY52

URBAN GREEN SPACE AND PARK EXPENDITURES AS PREDICTORS OF URBAN OBESITY

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OBJECTIVES: The presence of parks and recreational areas (green spaces) in urban areas may facilitate increases in physical activity among urban residents and reduce the impact of chronic disease risk factors such as overweight and obesity. We hypothesize that variable rates of obesity among major metropolitan cities in the U.S. may be explained by the presence of high quality green space and recreational centers. Specifically, that parks acres and total park expenditures will predict levels of obesity. We also hypothesize that the presence of recreational centers will explain variable levels of obesity. If the presence of quality parks in urban areas is associated with lower obesity prevalence, this provides evidence for policy recommendations to reduce the adverse effects of obesity and overweight. **METHODS:** City park data for the year 2007, was linked to Behavioral Risk Factor Surveillance System SMART data from 2007 urban responses of physical activity and obesity. The total park acreage, park expenditures, and recreational centers per capita were obtained from The Trust for Public Land. Step wise linear regression modeling was used to test our hypotheses. **RESULTS:** Overall, the model significantly predicted Obesity Prevalence, with both Percent Parkland and Park Expenditures accounting for 30% of the variation in Obesity Prevalence [$R^2=0.299$, $F(2,47) = 10.03$, $p < 0.001$]. Additionally, a moderate effect size was found for the relationship between Percent Obesity and both Percent Parkland and Park Expenditures ($R^2 = -0.34$, and -0.40 respectively). Once entered in the second step, Recreational Centers explained no additional variance [$R^2 = 0.299$, $F(3,46) = 6.55$, $p < 0.1001$]. **CONCLUSIONS:** Obesity prevalence is moderately explained by Percent Parkland and Park Expenditures. These findings have direct policy implications, and show that both quality and access to parks are public health initiatives that may be used to promote healthier communities.

PSY53

INTRAGASTRIC BALLOON (IGB) FOR MORBIDLY OBESE (MOP) AND SUPER OBESE PATIENTS (SOP) : SYSTEMATIC REVIEW (SR) AND HEALTH TECHNOLOGY ASSESSMENT (HTA)

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OBJECTIVES: To compile the body of evidence and produce a HTA on IGB in morbidly obese (MOP) and super obese (BMI ≥ 50) patients. To evaluate the impact on IGB on weight loss, co-morbidities (CM), reduction of post-operative complications on bariatric surgery. **METHODS:** We performed a SR on Medline and Cochrane Library among other databases, including articles published until January 2010. We searched “Gastric Balloon[Mesh]”, “intra-gastric balloon”, “Comparative Study [Publication Type]”, “Randomized Controlled Trial [Publication Type]”, “random*” e “systematic[sb]”. **RESULTS:** We found two SR without meta-analysis (MA), two SR with MA and two randomized controlled clinical trials (RCCT). In MOP the use of IGB does not improve the weight loss compared to diet (Level of Evidence 1b). There are no long term efficacy data available and there might be a weight gain after the IGB is withdrawn. The risk of minor complications (gastric ulcer and abdominal pain) but not of major complications (intestinal obstruction and esophageal laceration) is greater in patients using IGB (LE 1b). For SOP there is insufficient evidence to support that the use of IGB before bariatric surgery reduces the conversion rate from laparoscopic to open surgery or the intra-operative complication risks (LE 4). There is a lack of evidence on the impact of IGB use on CM such as diabetes, hypertension or sleep apnea for both MOP and SOP. **CONCLUSIONS:** For MOP there is evidence that the use of IGB does not lead to greater weight loss compared to diet and it increases the risk of minor complications (LE 1b). For SOP there is insufficient evidence of effectiveness and safety to support the use of IB as a previous step before gastric bypass surgery. For both, there is a lack of evidence on the impact of IGB on CM.

PSY54

NONSTEROIDAL ANTI-INFLAMMATORY (NSAID) PRESCRIPTION USE FOR MUSCULOSKELETAL PAIN AT FOUR PRIMARY CARE CENTERS IN SWEDEN

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OBJECTIVES: Musculoskeletal pain is experienced by more than a third of the adult population. Alleviation of pain is an important aspect of care in these patients. The aim of the present study was to assess the number of NSAID prescriptions prescribed to patients with musculoskeletal pain during 2004–2008 at 4 primary health care centres in Sweden. **METHODS:** This retrospective longitudinal study was based on primary care electronic medical records review and data for patients with any ICD diagnosis code of musculoskeletal pain and prescription of any ATC code for NSAID,